PENDLETON COUNTY FISCAL COURT SPECIAL CALLED EMERGENCY MEETING

December Term, December 24th, 2008

COURT MET PURSUANT TO ADJOURNMENT With
HONORABLE HENRY BERTRAM, COUNTY JUDGE/EXECUTIVE
Presiding

MEMBERS PRESENT:

Gary Veirs, Stacey Wells, Alan Whaley

MEMBERS ABSENT:

Bob Fogle

COUNTY ATTORNEY: Jeff Dean

Invocation was given by Jeff Dean, County Attorney, Pledge Allegiance lead by Judge Bertram

In Re: Letter from County Attorney regarding cancellation of regularly scheduled meeting

County Attorney Jeff Dean presented the court with a letter regarding a weather emergency in Pendleton County and the need to cancel the regularly scheduled Fiscal Court meeting of December 23, 2008 at 7:00 PM. Information recorded as follows.

OFFICE OF PENDLETON COUNTY ATTORNEY 216 WEST SHELBY STREET FALMOUTH, KENTUCKY 41040

JEFFERY B. DEAN COUNTY ATTORNEY

TEL: (859) 654-3180 FAX: (859) 654-3304

December 23, 2008

Hon. Henry Bertram Judge/Executive Pendleton County Fiscal Court 233 Main Street Falmouth, KY 41040

Re: County Emergency

Dear Henry:

This letter will confirm our telephone conversation from approximately 4:45 pm today. At that time I agreed with your assessment that a weather emergency exists in Pendleton County. That emergency warrants the cancellation of the regularly scheduled meeting of the Fiscal Court scheduled for 7:00 pm tonight.

Should you have any questions or need further information please do not hesitate to call.

JBD/jd

In Re: Agenda

Judge Bertram presented the agenda for this meeting. Whereupon Squire Wells made a motion to accept the agenda as presented, seconded by Squire Whaley, motion carried.

In Re: Approval of Minutes

Fiscal Court Clerk, Vicky King, presented minutes from the Special Called meeting of December 10th, to the court. Squire Wells made a motion to accept the minutes as presented, seconded by Squire Veirs, motion carried.

In Re: Approval of Treasurers Report

Pendleton County Treasurer, Vicky King, submitted a written report for the month of November 2008 at the special called fiscal court meeting of December 10, 2008. Discussion was held, Squire Veirs made a motion to approve the report as presented, seconded by Squire Whaley.

In Re: Discussion of Ambulance Issues

Discussion was held regarding the Ambulance Issues in the county and the public meeting that was held on December 18, 2008. There will be a 2nd public meeting held on December 30, 2008 at 7:00 PM in the upstairs courtroom at the Pendleton County Courthouse, this meeting is being held to accommodate those citizens who where unable to attend the first meeting.

Judge Bertram presented the court with information regarding Property Tax Values for 2009.

Discussion was held regarding implementing property tax to fund an Ambulance and Fire taxing district.

This was for informational purposes only. Information recorded as follows:

Property Tax Values 2009

Total County Property Values	\$525,101,818
County Property Values other than Cities and Fire Districts	\$348,240,069
Northern Pendleton District	\$95,464,796
City of Falmouth ,	\$60,701,464
City of Butler	\$16,167,355
Kenton Community	\$4,527,134

In Re: Second reading of Nuisance Ordinance Amendment

Judge Bertram ask County Attorney Jeff Dean to read the Nuisance Ordinance in summary form. This will serve as the second reading of this Ordinance and it will become effective upon publication on December 30, 2008. Squire Whaley made a motion to accept this ordinance as read, seconded by Squire Wells, motion carried.

COUNTY OF PENDLETON, KENTUCKY

ORDINANCE NO. 1010.1

Nuisance

AN ORDINANCE RELATING TO AND AMENDING SECTION 3 (b) OF PENDLETON COUNTY ORDINANCE 1010.0 DESIGNATING AS UNLAWFUL AND DECLARING CERTAIN CONDITIONS A PUBLIC NUISANCE

BE IT ORDAINED BY THE FISCAL COURT, COUNTY OF PENDLETON, as follow

Section 3 of Pendleton County Ordinance 1010.0 as adopted on January 5, 2005 is hereby repealed in full. A new Section 3 is hereby adopted in its place and incorporated by reference into Ordinance 1010.0 to read as set forth herein below:

Certain Conditions Declared A Nuisance.

It shall be unlawful for the owner, occupant, or person having control or management of any land within Pendleton County to permit a public nuisance to develop thereon, or to suffer the continued existence of any public nuisance which shall have developed or been created, in whole or in part. The following conditions are declared to be public nuisances:

- (a) <u>Dwellings</u>. Dwellings being used as a residence, determined to be unfit for human habitation as determined by official action or designation of the local health inspector or County building inspector.
- (b) <u>Dangerous buildings adjoining public ways</u>. Any building, house or structure that poses a threat of a fire hazard or poses serious threat to the life, limb, or property of persons upon the public streets materially interferes with the peaceful enjoyment by owners or occupants of adjacent property.
- (c) <u>Dangerous trees or stacks adjoining public ways</u>. Any tree, stack or other object standing in such a condition that it poses a serious threat of endangering the life, limb, or property of, or causing hurt, damage, or injury to persons or property upon public streets or public ways adjacent thereto, by the falling thereof or the falling of parts thereof.
- (d) <u>Dilapidated Building</u>. Any building, house or structure which is so out of repair and dilapidated that it poses a serious threat of a fire hazard or which due to lack of adequate maintenance or neglect, endangers the public health, welfare, or safety, or materially interferes with the peaceful enjoyment by owners or occupants of adjacent property.
- (c) Accumulation of rubbish. An accumulation on any premises of filth, refuse, trash, garbage, or other waste material which poses a serious threat of danger to the public health, welfare, or safety, or materially interferes with the peaceful enjoyment by owners or occupants of adjacent property because of the danger of its catching or communicating fire, its attracting and propagating vermin, rodents, or insects, or its facilitating the blowing of trash onto public or other private property.
- (f) Noxious odor or smoke. Odor, dust, smoke or other matter which unreasonably interferes with the ordinary health and general welfare of other citizens in the vicinity of the source of same; this subsection shall not apply to any such emissions related to business activities which are regulated by State or Federal authorities and when the emissions are within guidelines or limits prescribed by the same.
- (g) Noxious Noise. Noise which unreasonably detracts from the enjoyment by persons of their personal or real property in the vicinity of the source of same; this subsection shall not apply to any noise emissions related to business activities which is regulated by State or Federal authorities and when the noise emission is within guidelines or limits prescribed by the same.
- (h) Open wells. Open, uncovered, or insecurely covered cisterns, cellars, wells, vaults and similar openings or cavities situated upon any open or unfenced privately owned property.
- (i) Junk: scrap metals; motor vehicles. An unlicensed or unregistered motor vehicle or vehicles in an inoperative condition, motor vehicle or vehicles unfit for further use, automobile parts, junk, or scrap metals that are less than 500 feet from a public pass way unless said junk, scrap metal, or motor vehicle or motor vehicles are stored in a structure or behind an approved fence so as to prevent the viewing of said material from the public pass way by persons other than the owner.
- (j) Existing Businesses Engaging In: Junk, Scrap Metal, Salvage, Material Recycling, Auto Salvage, Motor Vehicle Repair.
 (1) Any junk, auto salvage, salvage, material recycling or scrap metal business which stores junk or scrap metal less that 200 ft. from a public pass way unless said junk, salvage material or scrap metal is stored in a structure or behind an approved fence, so as to prevent the viewing of said nuisance by persons other that the owner.
 (2) A motor vehicle repair business which stores inoperative vehicle parts, scrap vehicle parts, or vehicle or vehicles in an inoperative condition (stored for a period of more than 90 days that do not have a valid license)

that are less than 200 ft. from a public pass way, unless said vehicle or vehicles are stored in a structure or behind an approved fence so as to prevent the viewing of said nuisance by persons other than the owner.

(k) New Businesses Assuming a New Location After Adoption of This Ordinance Engaging In: Jourk, Scrap Metal, Salvage, Material Recycling Auto Salvage, Motor Vehicle Repaix.
(1) Any junk, auto salvage, salvage, material recycling or scrap metal business which stores junk or scrap metal meeting either of the following criteria; (a) less than 500 feet from a public pass way, or (b) not behind an approved fence or stored in a structure so as to prevent the viewing of said musance by persons other than the owner.
(2) A motor vehicle repair business which stores inoperative vehicle parts, scrap vehicle parts, or vehicle or vehicles in an inoperative condition (stored for a period of more than 90 days that do not have a valid license) that are less than 500 ft. from a public pass way, and are not behind an approved fence or stored in a structure so as to prevent the viewing of said nuisance by persons other than the owner.

THE SOLE PURPOSE OF THIS ORDINANCE IS TO AMEND THE DEFEINITION OF DANGEROUS BUILDINGS ADJOINING PUBLIC WAYS AS SET FORTH IN SECTION 3 (b) OF PENDLETON COUNTY ORDINANCE 1010.0 IN ALL OTHER RESPECTS ORDINANCE 1010.0 REMAINS IN FORCE

This Ordinance shall be in full force and effect from and after its passage and publication, according to law.

_ day of _ . 2008.

Henry W. Bertram Pendleton County Judge/Executive

Violey King Pendleton County Court Clerk

First Reading: <u>11-11-2008</u>
Publication: <u>12-16-2008</u>
Second Reading: <u>12-23-2008</u>
Passage: <u>12-23-2008</u>
Publication: <u>12-30-2008</u>

In Re: TransCare Contract Increase

Judge Bertram presented the court with information from Transcare regarding supporting documentation for the 5% increase in the ALS contract for FY 08-09. Information recorded as follows.

TransCare of Kentucky

P.O. Box 176670 Lakeside Park, KY 41017

(859) 392-2805 (859) 392-2807 Fax

December 5, 2008

Judge Henry Bertram Pendleton County Fiscal Court P.O. Box 221 Falmouth, Kentucky 41040

Judge Bertram:

Per your request I have enclosed the back up support for the 5% increase in the ALS contract for 2008/2009. The support consists of two documents- one is the worksheet that was formatted by our CPA firm earlier this year — it shows the income and expenses associated with the Pendleton County ALS contract for 11/1/07-10/31/08. I have also attached a payroll summary report for the same period of time from Paycor, our payroll service provider which will verify the salaries paid for the 1080 unit in Pendleton County.

Should you require any additional information, please do not hesitate to contact me.

Holiday Blessing to You and Your family,

Judy C. Arnou President/CEO

JCA/lom

RECEIVED DEC 1-1 2008 COUNTY JUDGE'S OFFICE

·	TransCare of Kentucky, Inc.	
Ear No.	Pendleton County ALS Contract	······································
POT PO	flod of November I 2007- October 31, 20	08
		P0.770
	INCOME	
41.00.00		
ALS Contracts	Menthly Income	Current
	21,666,67	280,000,0
Total Income - Pendleton County	· · · · · · · · · · · · · · · · · · ·	
	**	260,000,0
	EXPENSES	
Paramedio Expenses:		
Paramedic Expenses:	470 004 74	
Unemployment	172.081,71 494.00	
PICA	13,164,26	
Danceuces:	173.197565	
Health	44,437,61	
Denta) Life	1,740.39	······································
LTD	1,462.50	
Workers Comp		······································
Uniforms	17,030,91	
10100	978,00	
ducation	3,263,91	
Viso	325,00	
	190.00	
Paramedio Expense	258,981,28	· · · · · · · · · · · · · · · · · · ·
	100,0012,0	255,991,2
Support Staff Expense:		
upport Staff Salary	17,654,00	
Inemployment ICA	61.25	
Vorkers Comp	7,366,83	
IO1(k)	5B,92	
	330.64	
Total Support Stuff Expense	19,609,64	
	19,603.64	79,668,0
/ehicle Expense:		
ease Payment	0,073,60	
'Uol	6,876,00	
Repairs	2,673,73	
neurange	1,047,00	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
Equipment Lense Medical Supplies	6,000,00	· · · · · · · · · · · · · · · · · · ·
guipment Maint	8,231.06	
Wisc Page 1	1,914.40	
-17-22	50.00	
Cotal Vehicle Expense	****	
	32,866,87	32,865,8
	· · · · · · · · · · · · · · · · · · ·	·····
Otal Direct Expenses		TOO PAR O
		308,515.0
Overhead Expense (17% of revenue)		44,200.0
Per VonLehman, CPA		7,000
W		
Total Expense - PENDLETON CO	· · · · · · · · · · · · · · · · · · ·	362,716.8
Net Income/(Lose) W/Current Income		
San Ingomer Lossy WCurrent Income		(92,716.7
		39,60

,					
-			. ,	hon Or	11/24/2006
CLIENT 11883	TRANSCARE OF KENTUCKY	INC - PAYROLL		ICIXCI PC	13:05/15
EMPEOYEE	HOURS	EARNINGS	GROSS	- O O O T -	
JDD10 Tipred-Falmouth/Pendleton RATE		E. REG OT CO	DED:		·
	0,948,70 2,545,90 B07,70MC1 430PTO 2 5.30PTO 1 145,10Holt,5 128,90RE02	04 00 2.905	173,290,14 147779 2 L 1409707 J 5,52Holl,5 3,708502 94 (24		
·.	·		172.68	1.71	
		·	•		
	-				,
				. i .	•
TRANSC	CARE OF KENTUCKY INC	. Start Date:-11/01/2007 User ID: cluke	End Date; 10/31/2008; 3	LABOR DIST DATE	RANGE Page 1
				# !	•
		•		` . ·	•
			•	• •	
	1.2.2.2.2.	K	4. *	:	
,	the contraction of the contracti	····	3.997 billion as		

In Re: Transcare Mutual Aid Agreement

Judge Bertram presented the court with a copy of the Emergency Medical Services Mutual Aid and Mutual Aid Billing Agreements from Transcare. Squire Veirs made a motion to accept these agreements as presented, seconded by Squire Whaley, motion carried.

MUTUAL AID BILLING AGREEMENT

greement is made as of the <u>lst</u> day of <u>December</u>, 2008, between Pendleton County Emerger cal Services ("Provider"), a licensed Kentucky Ambulance Provider, and TransCare of Kentucky seCare"), a nonprofit Kentucky corporation providing licensed Paramedic services for tiered Advanc rt ("ALS") in Northern Kentucky. TransCare and Provider desire to enter into this agreement, by w Cere can obtain, from Provider, medical billing and collection services, through Provider's billing ag edic services provided by TransCare, and

WHEREAS, Provider is a licensed ground ambulance provider.

NOW THEREFORE, TransCare and Provider hereby agree as follo

- 1. That TransCare shall continue to provide ALS services to the Provider pursuant to dispatch pro
- That TransCare and the Provider shall forward their respective run reports for said Medicare and Medicaid ALS services to the Provider's billing agont.
- That TransCare agrees to conform to the Provider's normal and customary practices with reg of patients.
- TransCare shall accept as payment in full for services rendered by TransCare, the amounts paid by Medicare, Medicaid, and patients for the charges of TransCare that are included in the bill, less a fee to the billing agent of nine (9) percent of collections attributable to TransCare charges. For covered services, the amount paid for services provided by TransCare shall be calculated as the total allowable payment less the rate for the BLS, Loaded Mileage, and Oxygen, which shall be retained by Provider. Each party shall pay pro rata billing fees for their share of collections.
- Within thirty (30) days after the receipt by Provider of any sums in payment of the charges by TransCare for the services provided by TransCare, Provider shall cause all of such sums to be paid to TransCare, less TransCare's share of the pro rata fees of the billing agent.
- ch party to this Agreement shall indemnify, defend and hold harmless the other party from any loss ponse, damages or legal liability to another, including, without limitation, court costs and reasonable orney fees, which are in any way related to any act or omission of any employee or agent thereof whe clated to services provided under this agreement. Furthermore, Provider shall cause the billing age termify and hold the Provider and TransCare harmless from any liability related to any misuse, cutional or unintentional, of patient billing information by the billing agent or the employees thereof
- The parties may modify the provisions of this agreement and any such modifications must be in writing and mutually agreed to by TransCare and Provider.
- The provisions of this agreement shall continue in effect until terminated by written notice to the other party not less than sixty (60) days in advance of such termination.

IN WITNESS WITEREOF, and intending to be legally bound, TransCare and Provider have Agreement as of the day and year first above written

TransCare of Kentucky, Inc.	.Provider
Signature Sulg Cont	Signature
Printed NameJudy Amett	Printed Name
Title President/CEO	Title

Professional Agreement EMERGENCY MEDICAL SERVICES MUTUAL AID

Let this document serve as an instrument for contract with Pendleton County Emergency Medical Services (EMS) and TransCare of Kentucky, Inc. for a mutual aid agreement for emergency response This agreement is provided in accordance with SECTION 4, 902 KAR 14:080, FOR CLASS I GOUND AMBULANCE PROVIDERS.

TERMS OF THE AGREEMENT

This contract will provide the following clauses:

- This agreement will serve for Emergency Scene and Intercept Response only, and will in no way be construed to serve for inter-facility or convalescent transfers (emergent or non-emergent).
 The requesting agency shall expressly state the request is for "mutual aid response" when initiating the call for assistance. The requesting agency shall be prepared to provide detailed directions to the scene location. When possible, first responders or law enforcement officers should assist in directing the responding agency to the scene.
 The responding service will provide the highest level of care it is licensed to provide, either Basic, Life Support (BLS) or Advanced Life Support (ALS) transport or ALS intercept if transport is not available. If the requesting service is providing BLS, and Automated Esternal Defibrillator (AED) treatment has been initiated, the responding service agrees to transport the patient via ALS unit to the closest appropriate medical facility. If the responding service will accompany the responding service to the closest appropriate medical facility, maintaining medical control.
 At no time will either organization expend its last available unit to provide mutual aid, as in accordance with 902 KAR 14:080, SECTION 4, SUB SECTION 6. Nothing in this agreement guarantees the ability for either agency to provide response when requested.
 This agreement may be voided by either party, in writing, allowing thirty (30) days to termination.
 This contract will remain enforce upon change of representatives signed below, until the appropriate representatives may sign a new agreement(s).

This agreement contains all the terms, conditions and promises of the parties hereto. No modification or waiver of this agreement, or of any provision thereof shall be binding, unless in writing and executed by all parties hereto. No waiver by either party or any breach of any term or provision of this agreement shall be construed as a waiver of any succeeding breach of the same or any other term or provision.

IN WITNESS WHEREOF, the parties herete have executed this agreement as of the day and year first below written.

Pendleton County EMS	TransCare of Kentucky, Inc.
Signature	Signature July ant
Printed Name	Printed Name Judy Arnett
Title	Title President/CEO
•	·•
	the state of the s

In Re: Affiliation Agreement with Search and Rescue

Judge Bertram presented the court with a copy of the Order of Affiliation between the county and Pendleton County Search and Rescue.

Squire Whaley made a motion to accept this agreement as presented, seconded by Squire Veirs, motion carried.

Information recorded as follows:

ORDER OF AFFILIATION COUNTY OF PENDLETON

The purpose of this order is to outline the responsibilities of the Pendleton County Search and Rescue Inc.

The Fendleton County Search and Rescue Inc. is the only officially recognized rescue squad in Fendleton County. By witness of this order, they are officially affiliated with the Fendleton County Fiscal Court and the Fendleton County Emergency Management

The Fendleton County Search and Rescue Inc. shall serve the citizens of Fendleton County by providing fully trained and equipped personnel who may take the lead role in the following types of missions:

- The search and rescue of any person who may be lest (except those
- missions which may be a law enforcement problem).

 The search and rescue and or recovery of any person from any body of water within the many bedy of
 - Outside the county if so requested by that counties emergency management director.

The Pendleton County Search and Rescue may be called to respond by any of the following services or agencies:

- Pendleton County Judge/Executive
- 2. Pendleton County Emergency Management Directo
 3. Pendleton County Search and Research County Search County
- 5. Kentucky Emergency Management Area Manager
 Kentucky Emergency Management SAR Grant SAR Grant
- 5. Emergency Manager or SAR of another county

8. Pendleton County Law Enforcement

The Pendleton County Dispatch Center will page out the rescue squad on any incident when any assistance is requested. If there is a question on the validity of the request, the dispatch center shall verify the request with the Chief or Assistant Chief of the recove aquad.

In any county declared State of Emergency, the Pendleton County Search and Rescue, Inc. will fall under the coordination of the Pendleton County Emergency Management, Pendleton County SAR Coordinator, Kentucky Emergency Management SAR Coordinator and/or the Pendleton County Judge-Executive. The rescue squad shall operate under their own chain of command during the state of emergency.

This affiliation agreement does not influence the organizational by-laws, standard operating procedures, or other powers of the Pendleton County Search and Rescue incident command system.

The Pendleton County Search and Rescue, Inc. shall maintain their own equipment and property and shall be accountable for all equipment through an annual inventory, which will be submitted to the Pendleton County Emergency Manager per KRS 39.

The Pendleton County Fiscal Court shall be responsible for the fiscal accountability for all funds donated to the department by the county. The Pendleton County Search and Rescue, Inc. shall be accountable for all funds donated to the squad by outside resources. The treasurer of the department shall assure all payments of outstanding debts in a timely manner. The Pendleton County Search and Rescue, Inc. may not bill Pendleton County Fiscal Court for their services as long as the county contributes yearly to their operating budget in an amount deemed appropriate by the Fiscal Court.

The Pendleton County Fiscal Court may appropriate a yearly allocation in the county budget to cover the cost of operational expense by the Pendleton County Search and Rescue.

The responsibilities of all parties to this order of affiliation shall conform to those responsibilities as provided in KRS Chapter 39F.

This order of affiliation can be updated, modified, amended, or canceled upon consent of the parties concerned. If a vacancy should occur in any of the positions on this order, the order will remain in effect for thirty days while the order is being negotiated.

The effective date of this order of affiliation shall be for one year. It shall remain in effect until ______ 20___ at which time the order of affiliation may be negotiated, updated, modified or canceled.

This affiliation agre Court on the	ement was approved and adopted by the Pendleton County Fiscalday of, 20
Pendleton County Ju Date	adge/Executive
	mergency Management Director
Pendleton County S Date	earch & Rescue, Inc., Chiof

In Re: KBEMS 2009 Block Grant for EMS Medical Providers

Judge Bertram presented the court with a copy of Block Grant Funding Application for 2009 from the Kentucky Board of Emergency Medical Services. This grant is for medical supplies and equipment and is divided between NPFD Ambulance service and Pendleton County EMS.

This is for information only, no action taken.



. Kentucky Board of Emergency Medical Services Block Grant Funding Application 2009

Applicant Information:			
Henry W. Bertram .		Pendleton	
County Judgo-Executive (or authorized agen	K)		County
I non recoverable and the second second		_	•
l am requesting ambulance vehicle	funding for the fol	lowing EMS Medical Pro	vider:
Etrix Providar			Uconse Number
s the vehicle to be acquired:	Used Derennstrator		·
Milesga of Vehicle to Sa Purchased Manufacturar of Ambula		<u> </u>	
Will the Block Grant Funds be used to:	ance Conversion	Model Year To	al Acquibition Cost
Purchase			•
Lease The Vehicle		•	•
Loan Payment Reimbursement	•		
/ehicle to be replaced:	Marie Commercian	Model Year	VIN Number
is the vehicle	to be replaced tota		Alu Manuella.
Vohicle Millenge			Yas. Na
X 1 am requesting embulance equipm	ont funding for the		W 7 5
endleton Co. EMS	ent foliants for the	169) iviedija 169	
Iorthern Pendleton Fire & Ambu	lance District	158	
Description of the item	Quantity	Cost Per Unit	Total Cost
Stryker MX Pro Cot LifePak 500 AED	<u>1</u>	4,220.00	4,220.00
Lifeline AED with Accessories	1	2.995.00 1.711.00	2,295.00 1,711.00
Handheld Pulse Oximeter Fortable GPS with Mapping Sys.	1	680.00	680.00
Multi Gas Monitoring System	. 1 1	899.00 1,900.00	899.00 1.900.00
•		•	
300 Nort	h Maira Street, Versaf	Des. KY 40282	
859-	.256.2565 Fax: 859	.256.3128	
•	kbems.ketes.edu	•	•
KENTUCKY COMMUNI	CTAL C. TROM	NICAL COLLEG	
	TAX OF TEOLS	MICAL COLLEG	E SYSTEM
			•
Page 2		,	•
Page 2 Block Grant Application			
	t funding for the fo	llowing EMS Medical Pr	ovider:
Block Grant Application	t funding for the fo	llowing EMS Medical Pr	ovider:
Block Grant Application I am requesting training equipment		- Ucoro	ne Number
Block Grant Application I am requesting training equipment	t funding for the fo Quantity	_	
Block Grant Application I am requesting training equipment		- Ucoro	ne Number
Block Grant Application 1 am requesting training equipment		- Ucoro	ne Number
Block Grant Application I am requesting training equipment		- Ucoro	ne Number
Block Grant Application I am requesting training equipment	Quantity	Cost Per Unit	as Number Total Cost
I am requesting training equipment I am requesting training equipment I am requesting training equipment I am requesting personnel or Medic	Quantity	Cost Per Unit	as Number Total Cost
I am requesting training equipment I am requesting training equipment I am requesting training equipment I am requesting personnel or Medic	Quantity Cal Director training	Cost Per Unit	as Number Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: EMERICAL Training To Be Provided:	Quantity cal Director training	Cost Per Unit	Total Cost Total Cost Following EMS Medic
I am requesting training equipment That render Description of the item I am requesting personnel or Media Provider: Training To Be Provided: Number of: Staff To Be Trained:	Quantity cal Director training Medical Di	Cost Per Unit g expense funding for the	Total Cost Total Cost Following EMS Medic
I am requesting training equipment I am requesting training equipment I am requesting training equipment I am requesting personnel or Medic Provider: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student:	Quantity cal Director training Medical Di Total Expe	Cost Per Unit g expense funding for the	Total Cost Total Cost Following EMS Medic
I am requesting training equipment I am requesting training equipment Total Provider Description of the item I am requesting personnel or Medic Provider: Evalue Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Fraining To Be Provided:	Quantity cal Director training Medical Director training	Cost Per Unit g expense funding for the	Total Cost Total Cost Following EMS Medic
l am requesting training equipment Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Data requesting trained: Data requesting trained: Data requesting training requipment	Quantity cal Director training Medical Di Total Expe	Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
l am requesting training equipment Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Data requesting trained: Data requesting trained: Data requesting training requipment	Quantity cal Director training Medical Di Total Expe	Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Evaluation Fraining To Be Provided: Number of: Staff To Be Trained: Fotal Cost Per Student: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided:	Quantity cal Director training Medical Di Total Expo	Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Be following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Evaluation Fraining To Be Provided: Fraining To Be Strained: Fraining To Be Trained: Fraining To Be Provided:	Quantity cal Director training Medical Di Total Expo	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Trained: Fraining To Be Trained: Fraining To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided:	Quantity cal Director training Medical Di Total Expo	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: Fraining To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided:	Quantity cal Director training Medical Di Total Expo	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Evaluation Fraining To Be Provided: Number of: Staff To Be Trained: Training To Be Provided: Number of: Staff To Be Trained: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X Expended within this fiscal ye	Quantity Cal Director training Medical Di Total Expo Medical Di Total Expo Total Expo Total Expo	Cost Per Unit Cost Per Unit Example 1 Cost Per Unit Cost Per U	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of Medic Provider: Description of Medic Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Fraining To Be Provided: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Fraining To Be Pr	Quantity Cal Director training Medical Di Total Expo Medical Di Total Expo Total Expo Total Expo	Cost Per Unit Cost Per Unit Example 1 Cost Per Unit Cost Per U	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of Medic Provider: Description of Medic Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Will these funds be: X Expended within this fiscal ye Combined with the award re	Quantity cal Director training Medical Di Total Expo Medical Di Total Expo Total Expo ear; or, celved in the next f	Cost Per Unit g expense funding for the rectors To Be Trained: rectors To Be Trained: enditure: rectors To Be Trained:	Total Cost Total Cost Following EMS Medic
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Evaluation Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Sumber of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fotal Cost Per Student: Will these funds be: X Expended within this fiscal year Combined with the award re	Quantity Cal Director training Medical Di Total Expo Medical Di Total Expo Total Expo car; or, celved in the next f	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained:	Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Number of: Staff To Be Trained: Fraining To Be Provided: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cear; or, celved in the next for this grant, the reciprose, seceipts, cancelers, receipts, cancelers.	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: enditure: rectors To Be Trained: enditure: liscal year. Joient hereby agrees: It this grant shall, upon red checks and other document of the county	Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cery or, celved in the next f this grant, the recipeceiving funds from so, receipts, canceled required in 202 KA	Cost Per Unit Cost P	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of the item I am requesting personnel or Medic Provider: Description of Staff To Be Trained: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Virulning To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X Expended within this fiscal ye Combined with the award re As a condition of receiving funds from a contracts, memoranda, purchase orders KBEMS staff for verification purposes as that grant funds received by the application are provided to the application of received by the application are provided to the application of received by the application are provided to the area provided to the area pr	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cery or, celved in the next f this grant, the recipeceiving funds from so, receipts, canceled required in 202 KA	Cost Per Unit Cost P	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp celved in the next f this grant, the recipreceiving funds from s, receipts, canceled required in 202 KA ant shall be used on	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: enditure:	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp celved in the next f this grant, the recipreceiving funds from s, receipts, canceled required in 202 KA ant shall be used on	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: enditure:	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of the item I am requesting personnel or Media Provider: Description of Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp celved in the next f this grant, the recipreceiving funds from s, receipts, canceled required in 202 KA ant shall be used on	Cost Per Unit Cost Per Unit g expense funding for the rectors To Be Trained: enditure:	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment I am requesting training equipment Description of the item I am requesting personnel or Medic Provider: Evaluation Training To Be Provided: Number of: Staff To Be Trained: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X Expended within this fiscal ye	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cerving funds from this grant, the recipeceipts, canceled required in 202 KA ant shall be used on application is true as	Cost Per Unit Cost P	Total Cost Total Cost For Cost Total Cost Total Cost Total Cost Total Cost Total Cost Total Cost
I am requesting training equipment Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp ceived in the next f this grant, the recip receiving funds from 5, receipts, cancelect required in 202 KA ant shall be used on	Cost Per Unit Cost P	Total Cost
I am requesting training equipment Description of the item I am requesting personnel or Media Provider: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cerve or, celved in the next f this grant, the recipeceiving funds from so, receipts, canceled required in 202 KA ant shall be used on application is true as a contract of the second contract of the s	Cost Per Unit Cost P	Total Cost Total Cost For Indian Cost Total Cost
I am requesting training equipment Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Training To Be Provided: Number of: Staff To Be Trained: Total Cost Per Student: Will these funds be: X	Quantity Cal Director training Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp Medical Di Total Exp cerve or, celved in the next f this grant, the recipeceiving funds from so, receipts, canceled required in 202 KA ant shall be used on application is true as a contract of the second contract of the s	Cost Per Unit Cost P	Total Cost Total Cost For Indian Cost Total Cost

In Re: Approval of Jeff Perkins as full time dispatcher

Judge Bertram ask that Jeff Perkins be approved as a full time dispatcher. Squire Veirs made a motion to approve the hiring of Jeff Perkins as a full time dispatcher, seconded by Squire Wells, motion carried.

In Re: Budget Account Transfers:

Judge Bertram presented and read the Budget Account Transfers, where upon Squire Wells made a motion, seconded by Squire Whaley that the following Budget Account Transfers be accepted and approved as presented.

PENDLETON COUNTY FISCAL COURT TUESDAY DECEMBER 23, 2008 7:00 PM

COURT ORDER TRANSFERS General Fund Transfer from (01-9200-999) Reserve for Transfers to the following accounts: 01-5065-565 Election Printing 01-5227-548 Sower & Water Special Projects \$ 1,250.00 \$15,000.00 LGEA Fund Transfer from (04-9200-999) Reserve for Transfers to the following accounts: 04-5135-445 Office Supplies \$ 125.00 Ambulance Fund Transfer from (09-9200-999) Reserve for Transfers to the following accounts: 09-5140-550 Medical Supplies Henry W. Bertram County Judge/Executive Vicky King Fiscal Court Clerk

Date:

In Re: Payment of Claims

Judge Bertram presented and reviewed the Payment of Claims. Whereupon a motion was made by Squire Veirs, seconded by Squire Wells that the following claims by allowed and ordered paid out of the following funds, motion carried.

The checks for the following claims will be dated December 23rd, due to the fact that the fiscal court meeting was originally scheduled for that date and had to be changed to an emergency meeting on December 24th, due to severe weather conditions.

Pendleton County Fiscal Court Oton County Fiscal Voucher Claims Register General Fund From: 12/23/2008 To: 12/23/2008

BCHWAAD BCHWAAB, INC. OFFICE SUPPLIES 472552 Volicher No. 08-513 06-0123 01-5070-399-OMMISSION 018807 NOVEMBER BERVICE AGREEMENT Voucher No. 06-6152 00-0123 01-5070-576-THORITY D16819 DECEMBER UTILITIES PSZ OFFICE Vougher No. 08-5135 018011 AC UNIT MORGAN TOWER/FURNACE REPAIR M Voucher No. 06-6136 06-0123 01-5210-592 918834 SWITCH TIRES FROM OLD TRUCK TO NEW

Pendleton County Fiscal Court

Voucher Claims Register General Fund From: 12/23/2008 To: 12/23/2008

Batch Account No.	Account Name	Invoice			
Voucher No. 06-5138	Vendor KIESLERS	MESLER'S POLICE SUPPLY, INC.	P.O. No.	Claim Description	Amount
05-0123 01-5205-403-	ANIMAL FOOD AND SUPPLIES	MESCER'S POLICE SUPPLY, INC.		Voucher Date	12/23/2008
	Printed On Check 011027		018588	ANIMAL CONTROL SUPPLIES	145.00
Voucher No. 06-5139	Vendor CO CLERK	PENDLETON COUNTY CLERK		Voucher Totals	145.00
06-0123 01-5210-445-	OFFICE SUPPLIES SOLID WASTE	- ENDELTON COUNTY CLERK		Voucher Date	12/23/2008
	Printed On Check 011028		018808	TITLE AND TRANSFER FOR 03 CHEV PU	15.00
Voucher No. 06-5140	Vendor NAPA	CARSON AUTO & TRACTOR SUPP		Voucher Totals	15,00
08-0123 01-5210-468-	RECYCLING & LANDFILL SUPPLIES	CHARGETTAGTOR SOPP		Voucher Date	12/23/2006
	Printed On Check 011029		018725	RECYCLING SUPPLIES	31.80
Voucher No. 08-5141	Vender DOUGLAS BE	DOUGLAS BECKHAM		Voucher Totale	31.80
06-0123 01-9100-332-	LEGAL FEES	DOGGES BECKINAN	040040	Voucher Date	12/23/2008
	Printed On Check 011030		018817	P & Z TRAINING 2 HOURS @ \$25 PER HOUR	50,00
Voucher No. 06-5142	Vendor KACO INS	KACO INSURANCE AGENCY		Voucher Totals	50,00
06-0123 01-9100-531-	BOND PREMIUMS	B10472	018800	Voucher Date	12/23/2008
	Printed On Check 611031		U1000U	PUBLIC OFFICIAL BOND RENEWAL	152.25
Voucher No. 06-5143	Vendor KACO INS	KACO INSURANCE AGENCY		Voucher Totals	152.25
08-0123 01-9100-531-	BOND PREMIUMS	B10473	018801	Voucher Date	12/23/2008
	Printed On Check 011032		210001	PUBLIC OFFICIAL BOND - A, BONAR	152,25
Voucher No. 08-5163	Vendor TRANSCARE	TRANSCARE OF KENTUCKY INC.		Vottcher Totals	152.25
08-0123 01-5133-315-	ADVANCE LIFE SUPPORT CONTRA	CT	018804	Voucher Date	12/23/2008
	Printed On Check 011033		010004	NOVEMBER 2008 ALS CONTRACT	22,750,00
Voucher No. 06-5164	Vendor LAKEWILLIA	LAKE WILLIAMSTOWN EXPANSION	LOOLINIT	Voucher Totals	22,750.00
06-0123 01-5227-548-	SEWER & WATER - SPECIAL PROJ	ECTS			12/23/2008
	Printed On Check 011034		018828	2008-09 LAKE WILLIAMSTOWN EXPANSION CONTRIBUTION	15,000.00
				Voucher Totals	15,000.00
				19 Vouchers Printed Totalling	52,994.43

Pendleton County Fiscal Court

Voucher Claims Register Road Fund From: 12/23/2008 To: 12/23/2008

Batch Account No.	Account Name	Invoice	P.O. No.	Cinim Description	
Voucher No. 06-5144	Vendor HILLTOP	HILLTOP STONE LLC			Amount
08-0223 02-8105-409-	CRUSHED STONE & GRAVEL		023398	CRUSHED STONE & GRAVEL	12/23/2008
	Printed On Check 005533		02000		456.7
Voucher No. 08-5145	Vendor MAGO	MAGO CONSTRUCTION CO. INC.		Voucher Totels	455.71
06-0223 02-6105-447-	ROAD MATERIALS	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	023408	COLD PATCH Voucher Date	12/23/2008
	Printed On Check 005534		02,3405		4,672,3
Voucher No. 08-5146	Vendor H&MTRUCK	HOWARD PYLES		Voucher Totals	4,672,3
08-0223 02-8105-447-	ROAD MATERIALS .		02340B	Voucher Date	12/23/2008
	Printed On Check 005535		1/23408	ROAD MATERIALS	80.08
Vaucher No. 06-5147	Vendor TRUCK & TR	TRUCK AND TRAILER SUPPLY		Voucher Totals	80.08
06-0223 02-6105-447-	ROAD MATERIALS	TO SECTION FOR	023393	Vouchor Date	12/23/2008
	Printed On Check 005535		023393	ROAD SUPPLIES	66,4
Voucher No. 06-5148	Vender TIM ANTROS	TIM ANTROBUS -		Voucher Tatals	86.45
06-0223 02-6105-447-	ROAD MATERIALS	1107911110000	000000	Vouchar Date	12/23/2008
***	Printed On Check 005537		023399	REIMBURSEMENT FOR TRAVEL EXPENSES	6.25
Voucher No. 08-5149	Vendor SCOTT-GRO	SCOTT-GROSS COMPANY, INC.		Voucher Totels	6.2
06-0223 02-6105-447-	ROAD MATERIALS	SOCTI-GITOCO COMPANY, INC.		Voucher Date	12/23/2008
	Printed On Check 005538		023402	OXYGEN CYLINDERS	27,20
Voucher No. 08-5150	Vendor KENNY'S	KENNY'S COLLISION CENTER		Voucher Totals -	27.2
08-0223 02-8105-447-	ROAD MATERIALS	NEARL S COLLISION CENTER		Voucher Date	12/23/2008
	Printed On Check 005539		023407	REPLACE TIE ROD ENDS & STEERING BOX LABOR & PARTS	427.2
Voucher No. 06-5151	Vendor CO CLERK	PENDLETON COUNTY CLERK		Voucher Totals	427.2
06-0223 02-6105-447-	ROAD MATERIALS	FENDLE LON COUNTY CLERK		Voucher Date	12/23/2008
	Printed On Check 005540	•	023404	TITLE & TRANSFER FOR 01 PK CHEV	15.0
				Voucher Totals	15,0
· · · · · · · · · · · · · · · · · · ·				8 Vouchers Printed Totalling	5,750.1

Pendleton County Fiscal Court Voucher Claims Register Jell Fund From: 12/23/2008 To: 12/23/2008

Baten Account No.	Account Name	Involce	DO 11			
Voucher No. 08-5152	Vender REGINA GEN		P.U. No.	Claim Description		Amount
06-0323 03-5101-399-	MISCELLANEOUS CONTRACTUAL				Voucher Date	
	Printed On Check 004805	SCRVICES	031545	TRANSPORT 11 HOURS		110.00
Voucher No. 08-5153		Citor Incorporation			Voucher Totals	110,00
06-0323 03-5101-549-	ROUTINE MEDICAL	BURLINGTON PHARMACY			Voucher Date	12/23/2008
	Printed On Check 004806		031548	MEDICATION FOR INMATE	S K. KELLER & J. ELSWICK	85.87
		·			Voucher Totals	65,87
					2 Vouchers Printed Votalling	400.00

Pendleton County Fiscal Court Voucher Claims Register LG.E.A. Fund From: 12/23/2008 To: 12/23/2008

Batch Account No.	Account Name	Involce	DO No	M 1-1 B		
Voucher No. 06-5154	Vendor BUTLER (CITY OF BUTLER	P.O. No.	Claim Description		Amount
06-0423 04-5120-507-	FIRE DEPARTMENT CONTRIBUTIONS Printed On Check 001054		041952	2ND QUARTER CONTRIBUTION FY:		12/23/2008 2,500,00
Voucher No. 06-5155		CITY OF FALMOUTH	····		Voucher Totals	2,500,00
06-0423 04-5120-507-	FIRE DEPARTMENT CONTRIBUTIONS Printed On Check 001055		041950	NOVEMBER FIRE RUNS	Voucher Date	12/23/2008
Voucher No. 05-5156		ELSENER ELECTRONICS			Voucher Totals	3,720,0
08-0423 04-5135-445-	OFFICE SUPPLIES Prioted On Check, 001056	SECTION CALCULATION	041949	SOFTWARE UPGRADE & CABLES E		12/23/2008 142.9/
Voucher No. 06-5158	Vendor RECREATION (COMMUNITY RECREATION (CONDUCTOR		Voucher Totals	142.94
08-0423 04-5405-107-	RECREATION - SUPER/DIRECTOR Printed On Check 901057	SOMMUNIT RESKRATION (041953	1/2 DECEMBER SALARY - FY 2008-2	Voucher Date 009 Voucher Totals	12/23/2008 1,803,83 1,803,83
				4 Vouc	bers Printed Totalling	8,160.7

Pendleton County Fiscal Court

Voucher Claims Register

Ambulance Fund From: 12/23/2008 To: 12/23/2008

Batch Account No.	Account Name		Invoice	DO No			
Voucher No. 06-5159	Vendor PE	ND EMS	PENDLETON COUNTY EMS, INC.	F.U. No.	Claim Description		Amount
06-0923 09-5140-303-	AMBULANCE SERVICE	€.	TOTAL COOKETY EMS, INC.	092389	JANUARY AMBULANCE SERVICE PE	Voucher Date	12/23/2008
Voucher No. 06-5160	Printed On Check (Vendor SC		SCOTT-GROSS COMPANY, INC.		THE STATE OF	Voucher Totals	26,664.17 26,664.17
06-0923 09-5140-550-	MEDICAL SUPPLIES		STORE GOINT ANT THE	092300	NOVEMBER COMPRESSED OXYGE	Voucher Date	12/23/2008
Voucher No. 08-5161	Printed On Check (Vendor NO	· · · · · · · · · · · · · · · · · · ·	TIM NORTON AUTO SERVICE LLC		TTTT TEOLD OXIGE	Voucher Totals	440.46 440.45
06-0923 09-5140-592-	MAINTENANCE & REP. Printed On Check (AIRS - VEHIC	LES	092363	REPAIRS ON 2007 CHEVROLET	Voucher Date	12/23/2008
Voucher No. 06-5162			JON GOSNEY - ELECTRICAL SERV	#CED		Vouctier Totals	130.00 130.00
06-0923 09-5140-592-	MAINTENANCE & REP.	MRS-VEHIC	LES	092384	ELECTRICAL REPAIRS FOR #2 AMB	Voucher Date	12/23/2008
	Printed On Check (001065			· · · · · · · · · · · · · · · · · · ·	Voucher Totals	91.70 91.70
		****		····	4 Vouci	ners Printed Totalling	27,326,33

Page No 1	
 	 •

In Re: Adjournment

A motion was made by Squire Veirs, seconded by Squire Wells, carried, that this meeting be adjourned, to meet again in regular session on January 13, 2009 at 7:00 P.M., Subject to any call meetings.

	Pendleton County Judge/Executive
TTEST:	
Pendleton County Clerk	